

(1) PLACE OF BIRTH

County of

Allendale

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17389

Township of

Allendale

or Inc. Town of

Registration District No. *4600*

Registered No. *58*

(For use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

William Pully Richard, Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

JUN 18 22

FATHER.

(8) FULL NAME

Wm Pully Richard

(9) PRESENT POSTOFFICE OF FATHER

Allendale S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Telegraph Opr. by service

(20) Number of children born to mother, including present birth

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Hinstett

(15) PRESENT POSTOFFICE OF MOTHER

Allendale S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Ga.

(19) OCCUPATION

House maker

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn)

born alive *6:10 A.M.*

(23) (Signature)

(24) State whether Physician or Midwife

J. E. Warner M.D.
Allendale S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed *June 19 1922*

(28) *L. H. Boyd M.D.*
Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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What No. 2, etc., in question 5.

ny
rd)
ke
id
w
c
M.
M.)
vife
r.